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| hereby revoke a | ıll previo | us powers of attorney given in t | he above | e-Identified application. | | |
|--------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------|-----|-----------------|
| A Power of | Attorney | is submitted herewith. | | • | | |
| OR X I hereby appoint the practitioners associated with the | | | | er 27612 | | |
| The | | correspondence address for the a associated with umber | bove-ide | ntified application to: | | |
| Firm or Individual Name Averill & Varn | | | | | | |
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| I am the: X Applica | ant/Invent see of rec gent unde | ord of the entire interest. See 37 (or 37 CFR 3.73(b) is enclosed. (For SIGNATURE of Appli | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| Cianotura | | 310112112 | nDn | | | |
| Signature | Ronald Holland | | | | | |
| Name Date | Na | Telephone 714/289-0011 If the inventors or assignées of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one below: | | | | |
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